Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains

a valid OMB control numb	er.								
DECLARATION FOR UTILITY OR DESIGN			Attorney Dock	Attorney Docket Number					
			First Named In	ventor	ZiQiang Zhu				
	PATENT APPLICATION			COMPLETE IF KNOWN					
(37 CFR 1.63)			Application Nu	mber					
·	☐ Declaration Submitted after In		Filing Date						
Declaration [Submitted OR		nitted after Initia	d Group Art Unit						
with Initial Filing	Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Nam	е					
As a below named inven					· · · · · · · · · · · · · · · · · · ·				
Ny residence, post office at the believe I am the original, names are listed below) of OPTICAL FI	first and s the subje	sole inventor (if only ect matter which is c	one name is listed belov laimed and for which a p	v) or an original,	first and joint inver on the invention en	ntor (if plural titled:			
the specification of which (Title of the Invention) is attached hereto OR was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable).									
i hereby state that I have re amended by any amendme i acknowledge the duty to d	int specifi	nd understand the cally referred to abo	contents of the above ide ve.	ntified specifical					
I hereby claim foreign prioricertificate, or 365(a) of any America, listed below and ha or of any PCT international a	PCT inte	rnational application tentified below, by o	n which designated at te thecking the box, any for	east one countr eion application	y other than the U for patent or inven	nned States U			
Prior Foreign Application Number(s)		Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimer	•	py Attached? NO			
90220618	Tai	wan	Nov/28/01		0000	X			
Additional foreign application	ation num	bers are listed on a	supplemental priority da	ta sheet PTO/SI	B/02B attached her	eto:			
I hereby claim the benefit i	under 35	U.S.C. 119(e) of an	United States provision	al application(s)	listed below				
Application Number	Filing Date	(MM/DD/YYYY)	□ Add	itional provisiona	al application				

numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

Please type a plus sign (+) inside this box	PTO/S8/01 (12-97) Approved for use through 9/30/00. OM8 0551-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE persons are required to respond to a collection of information unless it contains
---	--

DECLARATION — Utility or Design Patent Application									J
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filling date of the prior application.									
U.S. Par	Parent Fili (MM/DD/			ent Patent I (if applicat					
					-				
As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent									
and Trademark Office c				Place Custo Number Bar Label he	-				
Nan	Name						Regis Nu		
25859 PATENT TRADEMARK OFFICE									
Additional registere	d practitioner(s) named on s	upplemental Re	egistered	Practitioner Info	mation shee	et PTO/S8/020	attached here	do.	}
Oirect all correspondence to: Customer N or Bar Code							ence add	ress below	
Name	I LEGALE HIGH GERT LEGAL GERT LEGAL								
Address	ddress 25859								
Address				PATENT TRADE	MARK OFFICE				
City				State		ZIP			
Country		Telephone				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.									
Name of Sole or	First Inventor:			A petition	has been f	iled for this u	insigned inve	ntor	
Given Name (first and middle (if anyl)				Family Name or Surname					1
ZiQiang				Zhu					
Inventor's Signature	Zi Diang Zhu			 			Date	11/2	9/01
Residence: City	Kunsan (State		Country	Ch	ina	Citizenship	China	a.
Post Office Address	1650 Memo:	rex Dr	ive						}
Post Office Address				· · · · · · · · · · · · · · · · · · ·					_
city San	a Clarastate	Clarastate CA ZIP 95050 Country U.S.A.]	
Additional invent	ors are being named on I	the 1_supp	iementa	l Additional In	ventor(s) s	heel(s) PTO/	SB/02A attac	ched hereto	4

PTO/SB/02A (3-97)
sign (+) inside this box

Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1

			l									
Name of Additional Joint Inventor, if any:						A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname								
Jia	an Ning			Yang								
inventor's Signature	Iian ning	y you	g					Date	h	1/29/01		
Residence: City	Kunsan	State			Country	China		Citizens		China		
Post Office Address	1650 Memorex Drive											
Post Office Address	Post Office Address											
City	Santa Clara	State	CA		ZIP	95050	Countr	υ.	S.A	•		
Name of Additional Joint Inventor, if any: A petition has been filed for this unsigned inventor												
Given Na	me (first and middle [if an	y])				Family Nar	ne or	Surname				
Inventor's Signature								te				
Residence: City		State		c	Country			Citize	nship			
Post Office Address												
Post Office Address	e Address											
City		State			ZIP		Cou	ntry				
Name of Addition	nal Joint Inventor, if a	ny:			A petitio	n has been file	d for th	nis unsigr	ned inv	entor		
Given Name (first and middle [if any]) Family Name or Surname												
Inventor's Signature										Date		
Residence: City		State	<u> </u>		ountry	untry			Citizenship			
Post Office Address												
Post Office Address		r										
City		State			ZIP			Country				

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.